

In such an effort the officers of the medical and pharmaceutical associations would be only too glad to render advisory and other aid. If the ordinance is permitted to remain on the statute books, in dead letter or other form, a dose of "pitiless publicity" might be of benefit to the community. The ray of hope in this matter, and also as regards sanity in legislation, may be in a referendum which, at the time these lines are written, rumor states, may be invoked. If such a referendum is presented, the ordinance would lie over until the local or state elections in the fall of 1930. In the meantime, the honorable city fathers of Los Angeles would have an opportunity to give their attention to a host of vastly more important civic problems which are pending on the files of the city council.

TELEPHONED NARCOTIC PRESCRIPTIONS

Changes in the State Narcotic Laws.—Under the new California anti-narcotic law, which was passed by the legislature at its last session and which became effective August 14, 1929, the control of the sale and dispensation of narcotics in the State of California was transferred to the new Narcotic Division of the Department of Penology of the State of California. Senator F. H. Benson is the director of the division.

Both Federal and California laws state that the only legal authority upon which a pharmacist may dispense narcotics is a prescription which contains, *in the prescribing physician's own handwriting*, the name and address of the patient, the actual date upon which the prescription was signed and the physician's signature. The Federal law, which is written into the California law, has been interpreted to mean that dispensation of a narcotic by a pharmacist upon the telephoned instruction of a physician is in direct violation of the law, no matter whether the physician himself signs a prescription ten minutes after such dispensation has been completed.

In the past, the authorities have been somewhat lenient in the enforcement of this clause in the law and, as is usual, advantage has been taken by those who used this lenience to indulge their laziness, carelessness or indifference, and did not confine the use of this official tolerance to times of real emergency.

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Narcotic Laws Will be Enforced.—As a result, endeavoring to correct the present state of affairs, the Narcotic Division has announced that it will not countenance this violation of the law and has already caused the arrest of a licensed pharmacist who dispensed a narcotic upon a prescription telephoned to him by a duly licensed and registered physician.

The incident cited above indicates the present temper of the Narcotic Division, and it is well for us to remember when we are tempted to phone a druggist and ask him to deliver a narcotic to a patient that we are asking him to break the law and place himself in jeopardy in order to save ourselves some effort. We cannot blame him or be resentful when he refuses our request. Coinci-

dentally, the physician is also breaking the law in making the request and, at the will of the Narcotic Division, may be arrested also.

Committees from the various retail druggists' associations and some of the component county societies are working together in this matter, endeavoring to place the situation, as it exists, before the members of their respective organizations. Further consideration of the situation will be had by the officers of the California Medical Association and further information will be contained in future issues of CALIFORNIA AND WESTERN MEDICINE, or letters sent to you by the Council or Executive Committee.

In the meantime do not violate the law or ask others to abet you in its violation.

SOME TRENDS IN HOSPITAL TREATMENT, IN RELATION TO THE "HIGH COST OF MEDICAL CARE"

Reasons Why More People Do Not Go to Hospitals.—In the last few years much has been said in medical meetings on the advisability of teaching the public how advantageous it would be if the members of the public who were sick or injured would more often go to hospitals. The benefits of the more skilled nursing care and the better environment of the hospital service have been cited as good reasons for giving such advice.

Incidentally it has also been quietly acknowledged in professional circles that the physician or surgeon who has a very large practice is able to do much more work and with far less wear and strain to himself when his patients are housed in hospitals than when he is obliged to visit a corresponding group of patients living in different parts of a city and each with a somewhat different social and family environment. The younger or less busy physician also very often finds personal satisfaction in his hospital work, because even though he may have fewer patients the hospital makes for pleasant contacts with colleagues whom he meets as rounds are made.

However, the major argument for hospital care is that the patient as a rule there receives much better treatment than in the home, and that increased hospital cost is only relative in that the patient through hospital care is able to return to his home and his work at an earlier date than would be possible under treatment at home. From the standpoint of cold-blooded scientific medicine, the argument just stated is not without considerable merit. If all the patients sent to the hospitals for this better care had the means enabling them to pay for the extra cost of the same, there seemingly could be no objection to this plan of general or universal hospital treatment.

Therein, however, lies the rub, or the bone of contention. For the great majority of patients do not have the financial resources which permit them to enter a hospital, without attendant worry or disaster over the overhead costs incident to such hospital regimen. And because of this fact, the theory of the better care in hospitals, and of sending more sick and injured people to the hospitals, like other theories that are not based on con-